

# Foster Family Home - Corrective Action Report

Provider ID: 1-614075

Home Name: Evelyn Arrocena, CNA

Review ID: 1-614075-9

91-743 Aikanaka Road

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/25/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

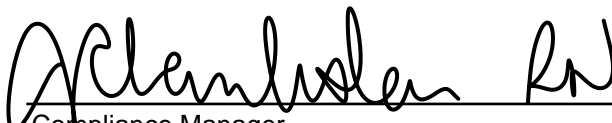
41.(b)(8) No acceptable certificate for proof of 2020 and 2021 blood born pathogen certification. Copies in CCFFH are copied over with evidence of the participant name "white out" and changed

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

(3P)(b)(4) Staff No evidence of CG # 3 having a 3 bed SCG application or approval

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

6/25/21  
\_\_\_\_\_  
Date

6/25/21  
\_\_\_\_\_  
Date